Society Reports.

NEW YORK NEUROLOGICAL SOCIETY.

Stated Meeting, held at the New York Academy of Medicine, Tuesday evening, June 6th, 1893.

Dr. M. Allen Starr, President, in the Chair.

PRESENTATION OF A CASE OF CONVULSIVE TIC.

By Dr. J. F. Terriberry. The patient was a male, aged 39 years, married, a gravel-roofer by occupation. His father died of senile gangrene; his mother of hemiplegia. He is one of a family of fourteen children. Three brothers died from the effects of the excessive use of alcoholic stimulents; the other members of his family are living and well. The patient's previous health has always been good; previous to the past nine years he used alcoholic stimulents excessively; he denies venereal disease; there is no history of rheumatism.

Between eight and nine years ago he noticed slight twitching of the muscles about the left eye; this gradually became more marked, extending to the muscles of the cheek, and in a short time all the muscles of the left side of the face were involved in the spasm. There were intervals of an hour or two between the jerks; his wife stated that they were present during sleep. The trouble was aggravated by talking and emotional excitement. A careful examination failed to reveal any organic trouble, either central or peripheral, in the course of the seventh nerve, that could act as a cause. There was, however, decided nasal obstruction on the left side, which was removed by Dr. C. H. Knight. Some errors of vision were also discovered, which were corrected by Dr. Adams. The spasm of the facial muscles, however, was in no way affected by the correction of these defects. The operation of stretching the facial nerve was advised, and was performed on January 5, 1893. The patient was etherized and the nerve stretched after the method described by Baum, in which the nerve is exposed by incision behind the ear. A *weak* faradic current greatly facilitates finding the nerve. When located, it is picked up with a blunt hook and stretched, the force employed being variously estimated from four to seven pounds. The immediate result of the operation was, as had been expected, complete paralysis of the muscles on the left side of the face. There was no effect upon the hearing, taste or the palate muscles, showing that the effects of the traction are not felt centrally. In the latter part of March a gradual return of voluntary control of the facial muscles was noted, and this has steadily increased. The last electrical examination was made on June 6th, when the muscular reactions were found to be good. With the exception of the occipito-frontalis, which is a trifle less active than its fellow on the right side, the face movements are perfect. There has been no return of the spasm since the operation.

The operation of stretching the facial nerve was introduced by Billroth and Nussbaum in 1872. Thus far (including the present one) twenty-three cases have been reported. Temporary facial paralysis has in all cases followed the operation.

Dr. A. E. ADAMS said he examined the patient's eyes a number of times. There was slight muscular insufficiency and hypermetropia of the right eye. The correction of these ocular defects by means of glasses only produced a temporary improvement in the spasm of the facial muscles.

The PRESIDENT referred to the fact that in some of these cases a cessation of the muscular spasm can be produced by pressure upon one of the three branches of the fifth nerve.

A CONSIDERATION OF THE PARÆSTHESIC NEUROSIS.

By Dr. JOSEPH COLLINS. The author stated that his paper was based on an analysis of forty-three cases of this affection. He had endeavored to exclude, from these statistics, cases of acro-neuroses which, while they present some of the symptoms of paræsthesic neurosis, have other individual and more pronounced symptoms of their own.

The clinical picture of the paræsthesic neurosis is as follows: The sufferers from the affection are in fairly good health; that is, were it not for the paræsthesiæ they would not have occasion to consult a physician. The paræsthesiæ which they complain of are made up of gnawing, boring, "pins and needles" sensations in the extremities, particularly the upper, involving the fingers, hands and forearms often of both sides, but not infrequently of only one. These sensations are not limited to the distribution of any one particular nerve in the extremity, but spread over the entire member with equal intensity. There is rarely any pain in the sense in which that word is ordinarily used. There are no fairly constant objective phenomena. Occasionally, the circulation of the extremities is evidently somewhat sluggish. There is absolutely no tenderness on pressure over any of the nerves of the part, and no perceptible changes of a trophic, motional or degenerative nature. The affection shows itself intermittently in paroxysms, and the period of the twenty-four hours when the attack is most likely to occur is from four to six in the morning, the perverted sensations at this time sometimes becoming so severe as to awaken the patient and put an end to further rest. Another favorite time is a corresponding hour in the afternoon. The work that the patient is doing seems to have a very close relationship to the onset of the attack. In some patients it can always be precipitated by sewing, washing or scrubbing. There is no loss of sensibility; no loss of muscular strength; the patients complain, however, that the strength of their arms is more easily exhausted than formerly. The average age of these patients is just above thirty-nine years. It is much more common in females than in males. The most striking factor in the etiology of the disease is the occupation; of the females, about 75 per cent. did either washing or scrubbing, sewing or needle work of some kind. Neither heredity nor neurosis (such as hysteria, neurasthenia, etc.) seem to be associated with this form of hyperæsthesia. No particular disturbance of the digestive functions was noticed. When alcohol is apparently the causative factor of the paræsthesiæ, Dr. Collins thought it should be classified under the toxic variety. What relationship this form of paræsthesia bears to autotoxæmia and the lithæmic constitution is not easily decided. The author said he doubted if there be any closer relationship between it and the lithæmic diathesis than there is between lithæmia and the development of neurasthenia or some of the vaso-motor neuroses. Gout and rheumatism do not seem to have any causative relationship. Bodily fatigue, over-exertion, poor nourishment and ventilation; in fact, anything that lowers the vigor and health of the body are powerful predisposing factors.

Dr. Collins suggested the following classification of the paræsthesic neurosis, and illustrated each class by giving the history of a typical case coming under his observation. The classification is founded principally on an etiological basis: (1). The emotional type; (2) the mental; (3) the neurasthenic; (4) the toxic; (5) waking numbness (?); (6) the type under consideration which may be called an occupation paræsthesiæ, as it is so often associated with a certain class of occupations. Regarding the treatment of this latter form of paræsthesiæ, to a consideration of which the paper was mainly confined, there is no specific remedy. Prolonged rest appears to be the most beneficial agent, particularly when restorative treatment is added. The administration of neurotics and depressants, such as antipyrine, phenacetin and the like, Dr. Collins said he considered positively harmful. The use of the faradic current in the shape of the faradic local bath has proven beneficial in some cases. Spring waters and mineral acids he has not found to be of value. The plan of treatment which is most beneficial is regulation of the diet, particularly by limiting the nitrogenous food stuffs; a quiet, outdoor life, change of occupation and habits and the administration of restoratives.

Dr. J. A. BOOTH said that the cases of paræsthesic neurosis coming under his observation, he has been accustomed to group under the headings of neurasthenic, anæmic, lithæmic and those occurring at the menopause. Among the lithæmic cases he has noticed, contrary to the experience of Dr. Collins, that the condition was often associated with marked digestive disturbances. These were improved and quite a number of them cured by correcting the diet, the use of mineral acids and the application of the faradic current by means of the faradic brush. The cases embraced under the various other headings were treated symptomatically.

Dr. MARY PUTNAM-JACOBI said that in the cases cited by Dr. Collins the symptoms pointed to a depression of the nervous system, and seemed to justify the remark of Gowers that the fundamental cause of all paræsthesiæ is a diminished resistance of the ganglionic cells. The depressing influences which Dr. Collins mentioned act primarily upon the nerve centers and the cortex, and only as a consequence of this will they lower the blood pressure and cause these vaso-motor disturbances, which are always secondary. The speaker referred to a case of paræsthesia of the abdomen coming under her observation. The patient was a woman who had suffered from dyspepsia for about eight years. She was very thin and weighed seventy-eight pounds. She suffered from flatulence, nausea and constipation, but the symptom that particularly depressed her and kept her in a state of misery was what she called "horrible sensations" of burning and tingling all over the abdomen, as though worms were running about under the skin. The abdominal walls were so thin that you could almost see the intestines through them. It seemed as though the intestines were not sufficiently protected and supported by the abdominal walls. An elastic bandage was ordered with which to support the abdomen. The wearing of this was followed by an immediate cessation of the disagreeable sensations; the woman was also enabled to take more nourishment and rapidly gained in strength and weight.

Dr. E. C. SEGUIN said he felt rather inclined to attribute the condition of paræsthesia to an imperfect nutrition of the cerebral or spinal nervous system. The abnominal sensations are usually distributed over a considerable area; it is very seldom that we find them confined to the space supplied by a single nerve. His experience with cases of paræsthesia of the hands or arms is rather against the theory advanced by various writers that the condition is apt to follow the more or less constant immersion of these extremities in water. In one case coming under his observation, a clergyman suffering with paræsthesia of both arms and forearms, the symptoms disappeared after a period of complete mental rest and the use of alkalies internally. There was no history of gout or a gouty diathesis in this case. Rest, particularly mental rest, he has often found to be an important element in the treatment of these cases.

Dr. COLLINS then closed the discussion. He stated that out of 173 cases of occupation paræsthesiæ collected by him, about one-half in washerwomen and needlewomen, and in a number of these cases the symptoms could be brought on by immersion of the hands in water. The fundamental cause of these abnormal sensations is probably a vaso-motor one, and when they occur in lithæmic patients, the lithæmia is possibly a coincident manifestation of the blood perversion which gives rise to the paræsthesia itself.

RECENT HYPNOTICS.

Dr. WILLIAM D. GRANGER read a paper on this subject. The author stated that an ideal sedative would give sleep at regularly recurring periods, and for a definite period of time; this sleep would be natural, strengthening and restorative; it would not be harmful to life nor injurious to health, nor would it produce a habit, but would restore the patient to a condition of getting sleep without the use of drugs. Such a drug is unknown, nor is there any that closely approaches this definition.

In considering new sedative remedies, little need be said of the bromide group, which are valued mostly for their usefulness in the treatment of epilepsy. It is in the group of remedies best represented by chloral and called the alcohol and chloroform group that the great crop of new remedies is found. In their hypnotic effect the part of the brain representing the higher cerebral processes is first involved: first the cortex; lastly, the respiratory and cardiac centres. Those are the best hypnotics that act first and strongest upon the cortex, dull the sensibilities, both from within and without, lessen voluntary muscular activity and influence but little the vascular system and blood pressure. Among this group of hypnotics may be mentioned bromal-hydrate, which is said to be more dangerous than chloral and has but little value; chloralamide, which is less depressing than chloral, although serious collapse has followed its use. It produces quiet and refreshing sleep, with no unfavorable after-effects. It is not so certain in its action as chloral, nor does it act as promptly. The dose is from 30 to 45 grains; it is useful as an alternative to the other hypnotics. Chloral-ammonium, in doses of from 15 to 30 grains, is said to be non-depressive and is a good hypnotic. Hypnol has the reputation of uniting the analgesic effects of antipyrine with the hypnotic effects of chloral. It is useful when sleeplessness and pain are combined, and the employment of opium is contraindicated. The dose of the drug is from 15 to 30 grains. Urethane belongs to the ethyl group; it is useful in milder cases of insomnia and for purposes of change; the dose is from 20 to 30 grains. Somnol is an alcoholic solution of chloral and urethane and is of little value. The dose is half a dram. Paraldehyde cannot be classed among the newer drugs; with chloralamide it is the only drug comparable with chloral in hypnotic power. They will win their way in the most difficult cases and are valuable in all cases of insomnia. Sulphate of duboisine is being used as a substitute for hyoscine. It is claimed that it gives more natural sleep and is less depressing. Sulphonal, tetronal and trional are so closely related as to be considered together. Almost everyone has a place for the first. It has marked hypnotic power. In ordinary doses it seems to be safe. Its long continuance is to be avoided, not so much that it quickly loses its power, for it does not, but because it is dangerous to health. Its action is often slow, for even if taken in the hottest water it sometimes seems to be precipitated in the stomach unless quickly absorbed. Its effects are frequently long-continued, and the second dose often acts better than the first. It is a pure hypnotic, but it is less powerful than chloral. It is of little value where sleeplessness is associated with pain. Trional and tetronal are akin in many respects to sulphonal. They are all true hypnotics and are at present attracting some attention.

The new hypnotics, Dr. Granger said, have as yet failed to give us a perfect agent. By study and comparison we must adapt the agent to the individual case. Experience alone will bring order out of confusion. In conclusion, he stated we must remember that sedatives are not to be found only in the pharmacopœia, and he who relies upon drugs alone for the production of sleep is in advance doomed to failure. The treatment of sleeplessness goes far beyoned the giving of drugs, and all hypnotic remedies—new and old—are made doubly valuable by studying the individual, and using such adjuncts in the treatment of the condition as are indicated.

Dr. LYON said, that among the insane, sleeplessness may depend on various cases, and we should not expect any one hypnotic to meet all the indications. In the institution for the insane with which he is connected, a variety of hypnotics are employed. In some cases, where there is much excitement, hyoscine in small doses exerts a very good effect. Where the patients are considerably exhausted, chloralamide is given dissolved in whiskey. Somnol is efficacious where there is a disposition to sleep, but inability to do so.

Dr. J. W. BRANNAN said he could only discuss this question from the standpoint of the general practitioner. Sulphonal, codeine and hyoscine are the only hypnotics with which he has had much experience. In a case of delirium tremens he has seen very good effects follow the use of hyoscine, in doses of $\frac{1}{100}$th of a grain, the patient becoming quiet and much more comfortable. It seems to relieve the nervous systems. Two or three years ago he began to experiment with chloralamide, but the first patient to whom he administered it complained so severely of an intense headache after a thirty grains dose that he has never felt inclined to use it since. Smaller doses than this do not appear to have much effect.

Dr. E. C. Seguin said that his experience with hypnotics, like Dr. Brannan's, is limited to patients outside of the asylum. He has always made it a rule to defer the use of narcotics as long as possible. He has found that many cases of insomnia are amenable to general treatment and encouragement, and the assurance that a little sleep without the aid of drugs is better than a long sleep with them. Hyoscine or hyoscyamine is indicated where there is great muscular excitability, associated with insomnia, as in paresis or delirium tremens. Given hypodermically or in water this drug certainly does procure sleep sometimes in the most magical way. In one case he has seen $\frac{1}{50}$th of a grain completely relax a paretic and produce sleep in half-an-hour. The effect of the drug seems to be a paralytic one. Sulphonal should be administered four or five hours before bedtime. The bromides should never be employed for the purpose of producing sleep.

Dr. George W. Jacoby said he has seen several patients who are in the habit of taking half a dram of paraldehyde nightly without any particularly bad effects following. One woman continued this for over a year before she was able to break up the habit.

Dr. J. F. Terriberry said that in one case of melancholia coming under his observation the usual dose of paraldehyde administered was 45 grains. On two occasions the patient doubled the dose and on one occasion he tripled it; this was followed by very decided symptoms. As regards the time for giving sulphonal, one of his patients sleeps five or ten minutes after taking the drug.

Dr. Brannan said he thought the theory has been generally accepted that sulphonal is not absorbed until it reaches the intestines, and that it takes three or four hours to get the effects of the drug.

Dr. L. Stieglitz said he has employed trional in about thirty cases in dispensary practice with very good results. The usual dose given was fifteen grains. He considered it more reliable than sulphonal.

The PRESIDENT said he is in the habit of ordering the sulphonal to be taken one hour before bedtime, and always in connection with some article of food. When it is given on an empty stomach its effects are much delayed. He agreed with Dr. Seguin that hyoscine should only be used where there is great motor excitement; it acts as a poison to the entire system, paralyzing all the functions. He has employed trional, but was very much disappointed with the results obtained from it.

Dr. COLLINS said he has given trional a thorough trial, in doses of from twenty to forty grains, and obtained no results from it whatever. It is a very expensive drug and does not compare in any way with chloralamide or sulphonal.

Dr. GRANGER then closed the discussion. He stated that he usually administers the sulphonal from two to five hours before bedtime. In order to get its effects quickly it should be administered in very hot water, with the hope that it will be absorbed in the stomach before precipitation occurs.